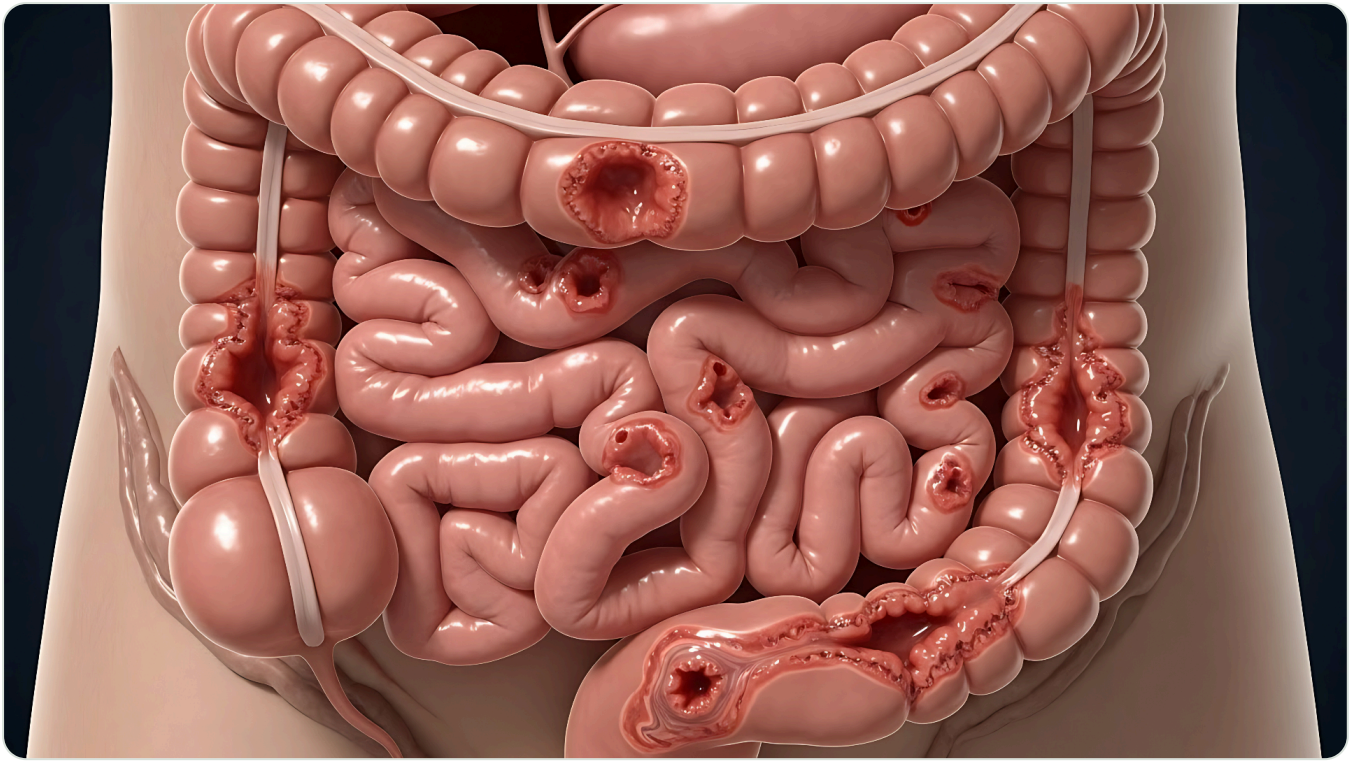
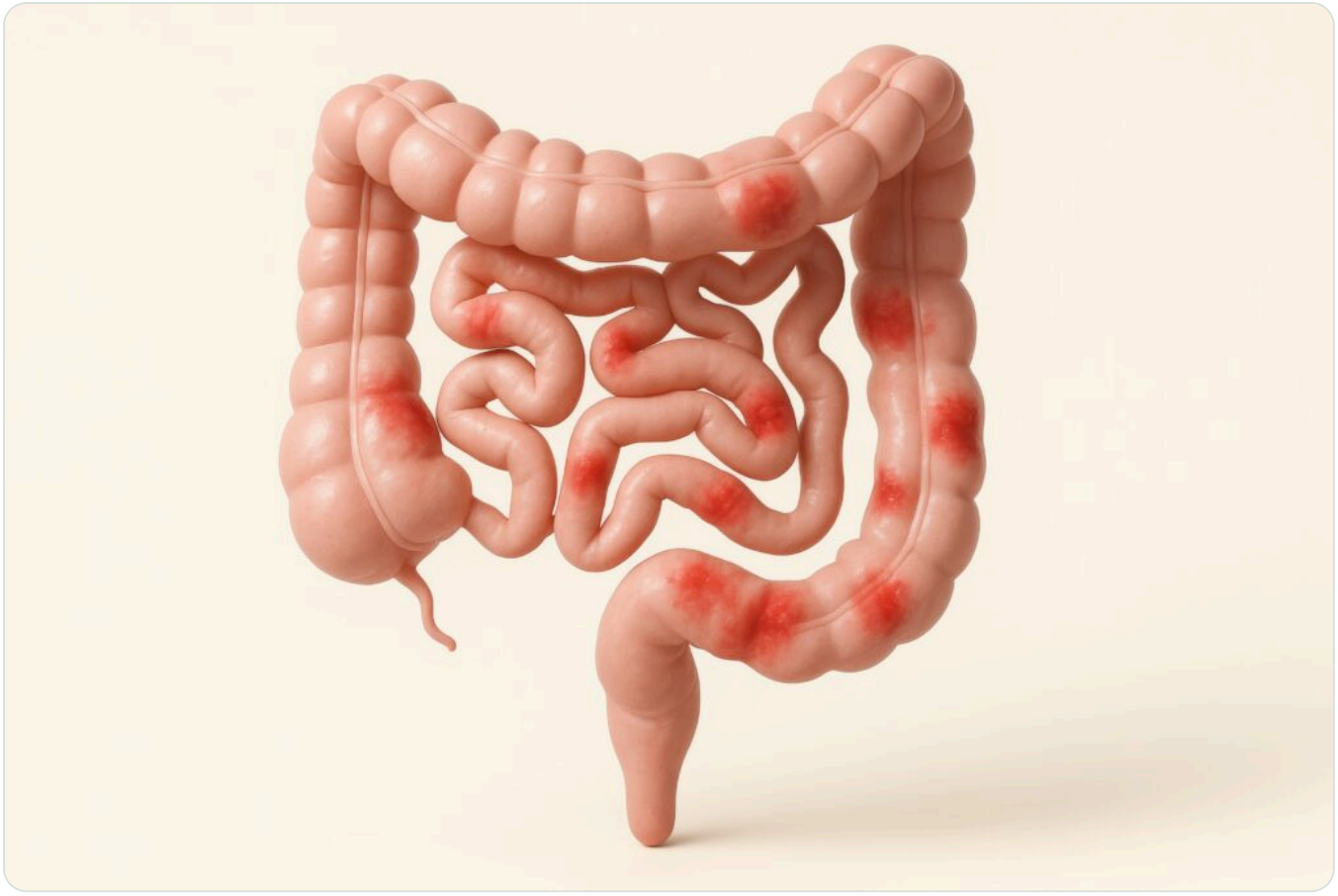
Crohn's Disease: Everything on symptoms, intestinal examination, and modern treatment





Are you experiencing recurrent abdominal pain, weight loss, or perhaps **rectal bleeding**? These can be signs of Crohn's Disease. Unlike ulcerative colitis, this disease can affect the entire digestive tract, making a thorough **intestinal examination** and early diagnosis vital to avoid complications such as fistulas or strictures.

In this post, we take a closer look at how life with Crohn's is managed in Denmark and why a **colonoscopy** is the most important tool in the diagnostic toolbox.

What is Crohn's Disease?

Crohn's disease is a chronic inflammatory bowel disease (IBD) that can cause inflammation in all layers of the intestinal wall. While colitis only affects the large intestine (colon), Crohn's can be found anywhere from the oral cavity to the rectum - though most commonly at the junction between the small and large intestine (the terminal ileum).

Typical symptoms include:

- Pain (often in the lower right side of the abdomen).
- Diarrhoea (sometimes with **rectal bleeding**).
- Fatigue and unexplained weight loss.
- Fever during periods of flare-ups.

Scientific focus: Crohn's patients have an increased risk of strictures (narrowing) due to transmural inflammation (inflammation through all tissue layers). Early biological intervention is key to altering the natural course of the disease.

Source: Torres et al., Lancet, 2017

The Diagnosis: More than just one intestinal examination

When Crohn's is suspected, a **colonoscopy** with biopsy is the "gold standard," but since the disease can also hide in the small intestine, Danish hospitals often supplement this with other examinations:

- **Colonoscopy:** A visual examination of the large intestine and the final part of the small intestine.
- **MR or CT scanning:** Often used to assess the small intestine and check for abscesses or fistulas.
- **Capsule endoscopy:** A small pill containing a camera that is swallowed to film the small intestine.

Why are biopsies important?

During a colonoscopy, small tissue samples are taken. In the case of Crohn's disease, the pathologist looks for "granulomas" (small clusters of cells), which are found in approximately 50% of patients and confirm the diagnosis.

Treatment Strategy in Denmark

The goal of treatment in Denmark is "mucosal healing" (healing of the intestinal lining). An individualised step-ladder model is followed:

Step 1: Acute treatment (Corticosteroids)

During flare-ups, *Prednisolone* (tablets) or *Budenofalk* (locally acting in the intestine) are often used. Budenofalk has fewer side effects as it primarily works in the area where the small and large intestines meet.

Step 2: Maintenance (Immunomodulators)

To prevent new outbreaks, **Thiopurines** (*Imurel / Azathioprine*) are often used. Unlike ulcerative colitis, 5-ASA (Pentasa) often has a limited effect in Crohn's.

Step 3: Biological medicine (Frontline treatment)

In Denmark today, biological treatment is initiated early in cases of moderate to severe Crohn's to avoid surgery.

Type	Examples (Denmark)	Specific for Crohn's
TNF inhibitors	*Infliximab (Remsima)*, *Adalimumab (Humira)*	The gold standard, particularly effective against fistulas.
IL inhibitors	*Ustekinumab (Stelara)*	Blocks IL-12/23. Good for those where TNF inhibitors are ineffective.
Integrin inhibitors	*Vedolizumab (Entyvio)*	Gut-selective - fewer side effects in the rest of the body.
Small molecules	*Upadacitinib (Rinvoq)*	Newer tablet treatment (JAK inhibitor) approved for Crohn's.

Scientific focus: Studies show that combination therapy (e.g., Infliximab + Azathioprine) is more effective at achieving complete mucosal healing than monotherapy.

Source: Colombel et al., NEJM (SONIC study)

Life with Crohn's and Follow-up

Even if you are receiving treatment, ongoing monitoring is necessary. In Denmark, we use:

1. **Calprotectin (stool sample):** An easy way to measure inflammation without a full **intestinal examination**.
2. **Blood tests:** To check for iron deficiency and vitamin status (especially B12).

An important piece of advice: Smoking is the biggest risk factor for the worsening of Crohn's disease. Smoking cessation can, in some cases, have as significant an effect as medical treatment.

See also

Inflammatory bowel disease - overview · Bile acid malabsorption in ileal disease